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EXCHANGE PI BOSTON, MA			(Depositor's name)						
BOSTON, MA						(Signature)			
								(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE		OR ATT		RNEY DOCKET NO.	CONFIRMATION NO.	
10/551.643	3 07/24/2006		Giovanni Monteleon			GIU-001		5446	
TITLE OF INVENTION: ANTISENSE OLIGONUCLEOTIDES (ODN) AGAINST SMAD7 AND USES IN MEDICAL FIELD THEREOF									
TITLE OF INVENTION	. TETTIOLE TOLI OLICOI	TOOLLO TIDLO (O.	D11,71101411101 01-11-						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUI	PUBLICATION I	FEE DUE	PREV. PAID ISSU	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300		\$0		\$1055	02/22/2010	
EXAMINER		ART UNIT	CLASS-SUBC	LASS	7				
CHONG, K	IMBERLY	1635	536-0245	00					
1. Change of correspond	ence address or indicatio	n of "Fee Address"	(37 2. For printin	g on the p	atent front page, lis	it			
1. Change of correspondence address or indication of "Tee Address" (37 CFR I. 363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attacks. Tee Address' indication (or "Fee Address" Indication form			(1) the name	(1) the names of up to 3 registered patent attorneys I Goodwin Procter LLP					
				or agents OR, alternatively,					
			(2) the name	(2) the name of a single firm (having as a member a registered attorney or agen) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
PTO/SB/47: Rev 03-0	ed. Use of a Custo	mer 2 registered p	atent atto	it attorneys or agents. If no name is 3					
Number is required.			listed, no nan	ne will be	printed.				
3 ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED	ON THE PATENT (c	orint or tv	pe)				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE FATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for eccordation as ext forth in 37 CFR 311. Completion of this form is NOT 3 substitute for filling an assignment.									
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Giuliani International Limited Dublin, Ireland									
Please check the appropr	iate assignee category o	r categories (will no	be printed on the pate	:nt) : 🗆	Individual 🖺 Co	orporati	on or other private gro	up entity 🚨 Government	
4a. The following fee(s)	are submitted:		4b. Payment of Fe	e(s): (Ple:	ase first reapply as	ay prev	iously paid issue fee s	hown above)	
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a. Applicant claim	s SMALL ENTITY stat	us. See 37 CFR 1.27					PITY status. See 37 CF		
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